



## Opinion

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# The Clinical Examination of the Breast must Always be Integrated with Breast Ultrasound

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## Opinion

Breast ultrasounds should be an extension of every clinical examination because they offer critical advantages including increasing diagnostic accuracy and, more importantly, reducing patients' distress by streamlining the visit and the whole process of diagnosing. They shall not be considered substitutes for ultrasounds performed by formal radiologists, but should instead be regarded as complementary act enabling the physician to correlate the clinical examination with the ultrasounds findings by palpating the lump or clinical region of concern while scanning (echo-palpatation).

Breast physicians using office ultrasounds have the advantage of viewing 'dynamic' images compared to the viewing of 'static' images typically executed by radiologists. The ultrasounds should implement the breast physical examination and become the "stethoscope of the breast physicians".

## Advantages

### Breast ultrasounds:

- i. are fast, relatively simple, not invasive and safe (they do not use radiation)
- ii. give immediate results
- iii. reduce diagnose time
- iv. reduce patient's distress
- v. allow to identify non-palpable mass i.e. enhancing the sensitivity of the clinical visit

## Disadvantages

- a. breast ultrasounds increase patient's distress due to the high incidence of non-palpable benign lesions which subsequently demand for further investigation
- b. confidence in breast ultrasounds might decrease mammogram requests

## Specific Benefits for the Breast Surgeon who Performs Breast Ultrasounds

- a. direct collection of accurate information inherent to the lesion dimensions, depth, and its relations with the skin or the posterior fascia to be removed without having to rely on the radiologist reports, especially when treating non-palpable lesions
- b. possibility of identifying and localizing correctly a non-palpable lesion that must be removed by himself
- c. not having to rely on the presence of a radiologist in the operating theatre to evaluate the adequacy of resection margins, hence avoiding scheduling issues and reducing costs

## Conclusions

We herein recommend that the senologic scientific societies and breast schools (Master's degree) act proactively and take action by setting up breast ultrasound classes.